U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1038	2. Fiscal Year Covered From:			
	1/1/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott C. SPANGLE	Name PLUMBERS L.U. 93 U.A.			
	Labor Organization File Number 035/66			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 17485 W WOODLAND DR	Street 3/855 NORTH US HIGHWAY 12			
City GURNEE	City VOLO			
State IC ZIP Code + 4 60030	State IL ZIP Code + 4 60073			
5. Position in labor organization. PRESIDENT	and the control of th			
Enter appropriate data below If, during the past fiscal year, you or your spour (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or do monetary value from an employer whose employees your organization.	ions set forth in the instructions):			
	7.a. Nature of Interest, Transaction, or Income.			
Name	NONE			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	.b. Amount,			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Persubmitted in this report (including the information contained in any accompanying				

Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the busines actively seeking to represent, or indirectly to, or otherwise	S
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street	c. Employer	
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		en de la companya de
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held	or income received.
	12.b. Amount.	NONE -O-
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	-0-

I have reviewed the D.O.L. Filing Form LM-30, an overview of Union Officer and Employee Reporting. Based on these guidelines, on my personal recollections and available records, I do not have any reporting for the calendar year 2004. The LM-30 is being filed in order to qualify as part of the D.O.L. amnesty program for 2004 and the prior five years.

Scott C. SPANGLE

Set C for 18/9/05